



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000075177	2. Exact name of the Corporation Johnston School Music Association
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To aid in the improvement of the music program and to work and assist the music directors.
4. NAICS Code 51	

6. Principal Office Address 10 Memorial Ave.	City Johnston	State RI	Zip 02919
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pamela Oliveira		Vice-President Name Lori Agnew	
Street Address 1137 Plainfield St.		Street Address 11 Susan Circle	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Melissa Patrone		Treasurer Name Joanne Bouchard	
Street Address 990 Atwood Ave.		Street Address 3 Stagecoach Rd.	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ronald Lamoureux		Director Name Oliver Reid	
Street Address 932 Park Ave.		Street Address 35 Mountain Ave.	
City Woonsocket	State RI	City Riverside	State RI
Zip 02895		Zip 02915	
Director Name MATTHEW GINGRAS		Director Name	
Street Address 109 KNOLLWOOD AVE.		Street Address	
City CRANSTON	State RI	City	State
Zip 02910		Zip	

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative JOANNE BOUCHARD, TREASURER JSMA	Date 6-4-17
Signature of Officer/Authorized Representative <i>Joanne Bouchard</i>	

FILED
 JUN 15 2017
 BY 1745

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov